

CLAIMS ONLY							Application Number <i>10/690,151</i>	Filing Date				
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	<u>✓</u>		<u>✓</u>				51					
2		<u>✓</u>					52					
3		<u>✓</u>					53					
4		<u>✓</u>					54					
5		<u>✓</u>					55					
6		<u>✓</u>					56					
7		<u>✓</u>					57					
8	<u>✓</u>						58					
9	<u>✓</u>						59					
10	<u>✓</u>						60					
11	<u>✓</u>						61					
12	<u>✓</u>						62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21		<u>✓</u>					71					
22							72					
23		<u>✓</u>					73					
24		<u>✓</u>					74					
25	<u>✓</u>						75					
26	<u>✓</u>						76					
27							77					
28							78					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<u>2</u>						Total Indep					
Total Depend	<u>9</u>	←	←	←			Total Depend	←	←	←		
Total Claims	<u>11</u>						Total Claims					